

NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

37043

Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3004 Registered No. 72  
 (c) City Butler (d) Street No. Fulton St. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Richard D. Bond  
 (a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs R. D. Bond  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 5 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Platte County  
Missouri

FATHER

13. NAME James Bond  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Emma Halley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

## 17. INFORMANT (ADDRESS)

Mrs R D Bond  
Butler Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Shirvortices DATE Oct 20 1937

## 19. FUNERAL DIRECTOR (ADDRESS)

Carlyle  
Butler Mo

## 20. FILED

Oct 20, 1937 Mrs L. C. C. C.  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1937 to 10-18 1937

I last saw h. h. alive on 10-18- 1937 Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion  
Myocarditis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) Richard D. Bond M. D.  
 (Address) Butler, Mo

STATEMENT BY LICENSED EMBALMER

I, Harry G. Newell, Licensed Embalmer No. 3441  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....  
No. .... or by ....., Registered Apprentice No. 3411  
working under my personal supervision.

Signed Harry G. Newell  
Licensed Embalmer No. 3441

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**